State: Arkansas Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Long Term Care Rider for TransACE

Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0712

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: Long Term Care Rider for TransACE

State: Arkansas

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Advertisement Date Submitted: 07/24/2012

SERFF Tr Num: AESP-128593761 SERFF Status: Closed-Approved

State Tr Num:

State Status: Approved-Closed Co Tr Num: LTCR ILL 0712

Implementation

Date Requested:

Author(s): Joan King

Reviewer(s): Donna Lambert (primary)

Disposition Date: 07/24/2012
Disposition Status: Approved

Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Long Term Care Rider for TransACE

Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0712

General Information

Project Name: LTC Rider Supplemental Illustration Status of Filing in Domicile: Authorized

Project Number: LTCR ILL 0712 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 07/24/2012

State Status Changed: 07/24/2012

Deemer Date: Created By: Joan King

Submitted By: Joan King Corresponding Filing Tracking Number:

Filing Description:

Supplemental Illustration for Long Term Care Rider intended for use with individuals who are interested in purchasing a Long Term Care Rider with their life insurance policy.

Company and Contact

Filing Contact Information

Joan King, Compliance Assistant

AEGON

727-557-3332 [Phone]

570 Carillon Parkway

866-419-4389 [FAX]

St. Petersburg, FL 33716-1202

Filing Company Information

Transamerica Life Insurance CoCode: 86231 State of Domicile: Iowa Company Group Code: 468 Company Type: Insurance

4333 Edgewood Road N.E. Group Name: TLI State ID Number:

Admin Address: 570 Carillon FEIN Number: 39-0989781

Parkway

St. Petersburg, FL 33716-1202

Cedar Rapids, IA 52499

(727) 299-1800 ext. 2363[Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: 1 X \$50.00 = \$50.00

Per Company: No

CompanyAmountDate ProcessedTransaction #Transamerica Life Insurance Company\$50.0007/24/201261132324

State:ArkansasFiling Company:Transamerica Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Long Term Care Rider for TransACE

Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0712

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	07/24/2012	07/24/2012

AESP-128593761 LTCR ILL 0712 SERFF Tracking #: State Tracking #: Company Tracking #:

Transamerica Life Insurance Company

Filing Company: State: Arkansas LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

TOI/Sub-TOI:

Long Term Care Rider for TransACE Product Name:

Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0712

Disposition

Disposition Date: 07/24/2012

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	LTCR ILL 0712 ARK COVER LETTER AND STATEMENT OF VARIABILITY	Approved	Yes
Form	LTC Rider Supplemental Illustration	Approved	Yes

 State:
 Arkansas
 Filing Company:
 Transamerica Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Long Term Care Rider for TransACE

Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0712

Form Schedule

Lead F	Lead Form Number: LTCR ILL 0712							
Item	Schedule Item	Form	Form	Form	Action/	Readability		
No.	Status	Number	Туре	Name	Action Specific Data	Score	Attachments	
1	Approved 07/24/2012	LTCR ILL 0712	ADV	LTC Rider Supplemental Illustration	Initial:		LTCR ILL 0712 MATERIAL.pdf	

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
отн	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Home Office: Cedar Rapids, IA

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

Rider Form Number: LTCR02

On [John D. Transamerica], [male], age [80], [standard], [smoker]
Face Amount = [\$500,000], 1st Year Premium Outlay = [\$74,795], paid [annually]

Long Term Care Rider Specified Amount: [\$500,000] Long Term Care Rider Class of Risk: [Standard Smoker] HIPAA Per Diem Estimated Growth Rate: [4.00%]

Projected LTC Benefit Starting Age: [85]

Desired Daily LTC Benefit: [\$328]

Long Term Care Initial Underwriting Requirements: [F2F, MIB, PHI, Rx]

HIPAA Per Diem Estimated Growth Rate	This rate estimates annual increases to the HIPAA per diem amount. Higher growth rate estimates may illustrate a greater maximum monthly LTC benefit.
Projected LTC Benefit Starting Age	The age at which monthly LTC rider payments are estimated to begin.
Desired Daily LTC Benefit	The daily LTC rider benefit can be illustrated at an amount less than the maximum amount. Choosing a lesser amount could extend the period during which benefits may be payable. Benefits are paid monthly.
Premium Outlay During LTC Benefit Period	For illustration purposes, premium payments cease during the LTC benefit period. No further premiums are allowed once the Rider Maximum Amount has been reached.
Remaining LTC Benefit	The remaining LTC benefit is equal to the Long Term Care Rider Specified Amount. reduced by any outstanding policy loan and the sum of previously paid LTC rider benefits.
Illustration Disclaimer	This is a supplemental illustration, not a contract. Actual LTC coverage is subject to all of the terms and conditions of the LTC rider.
Rider Charges	LTC rider charges will vary by policy issue age, LTC rider class of risk, and LTC rider Specified Amount. The maximum monthly deduction rates for this LTC rider are shown in the Policy Data in the Table of Guaranteed Monthly Deduction Rates per \$1,000 of Long Term Care Specified Amount.
	Transamerica Life Insurance Company cannot change any of the terms of the Rider on its own and cannot change the Monthly Deductions you pay for the Rider.
Grace Period	The Grace Period for this Rider is 65 days. During the Grace Period this Rider will stay in effect.
Renewability	This Rider is noncancellable. Subject to the Rider's termination provision, this Rider will remain in force as long as the policy to which it is attached remains in force and the required charges for this Rider are paid.
Preexisting Conditions	This Rider has no preexisting condition limitations.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0712 Underwri



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Home Office: Cedar Rapids, IA

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

Elimination Period

The Rider has an Elimination Period of 90 days. This means that we will not pay benefits under the Rider for any period before the Insured has incurred expenses, on each of 90 separate days during which the Rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under the Rider. These days of care or services need not be continuous. The Elimination Period has to be satisfied only once.

General Exclusions and Limitations

Qualified Long Term Care Services do not include care, confinement or services:

- 1. Resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as prescribed by a Physician;
- 2. Resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
- 3. Due to participation in a felony, riot or insurrection;
- 4. For which no charge is normally made in the absence of insurance;
- 5. Received outside the 50 United States and the District of Columbia, or Canada; and
- 6. Performed by a member of your Immediate Family or the Insured's Immediate Family.

In addition, Qualified Long Term Care Services do not include care, confinement or services:

- 1. Provided in a government facility (unless otherwise required by law);
- 2. Paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
- 3. Provided under any governmental programs (except Medicaid); or
- 4. Paid or payable under any state or federal worker's compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

Termination of this Rider

This Rider will terminate on the earliest of the following:

- 1. On the monthly policy date on or next following the date we receive your written request to terminate this Rider;
- 2. Upon termination (including any rescission) of the policy; or
- 3. When the Insured dies.

Federal Tax Consequences

This Rider is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor, attorney, and accountant for assistance regarding these matters.

Underwriting Requirements

This Rider is subject to full underwriting separate from the base policy underwriting.

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LTCR ILL 0712



TRANSAMERICA LIFE INSURANCE COMPANY TransACE®

Life Insurance Supplemental Illustration HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

On [John D. Transamerica], [male] age [80], [standard], [smoker]
Face Amount = [\$500,000], 1st Year Premium Outlay = [\$74,795], paid [annually]

Long Term Care Rider Specified Amount: [\$500,000] Long Term Care Rider Class of Risk: [Standard Smoker] HIPAA Per Diem Estimated Growth Rate: [4.00%]

Projected LTC Benefit Starting Age: [85]

Desired Daily LTC Benefit: [\$328]

Annualized LTC Rider Charge: [\$12,015.00]

AT THE NON-GUARANTEED INTEREST RATE ([1.00%]) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF	ANNUAL	ANNUALIZE	D	LOAN SU	MMARY		V	ALUES NET	OF LOAN	REMAINING	
POLICY	PREMIUM	LTC	ANNUAL	CUMULATIVE	ANNUAL	MULTIFLE:	X CASH	ACCUM	DEATH	LTC	
YR AGE	OUTLAY	BENEFIT	WITHDRAWAL	LOAN	INTEREST	VALUE	VALUE	VALUE	BENEFIT	BENEFIT	
T 1 81	74,795	0	0	0	0	0	3,069	28,019	500,000	500,000	1
2 82	74,795 &	0	0	0	0	0	29,537	52,387	500,000	500,000	ı
3 83	74,795 &	0	0	0	0	0	50,520	71,419	500,000	500,000	ı
4 84	74,795 &	0	0	0	0	0	67,129	86,178	500,000	500,000	ı
5 85	74,795 &	0	0	0	0	0	78,900	96,900	500,000	500,000	ı
SUBTOTAL	373,975	0	0	-	0						ı
6 86	0 &	119,720	0	0	0	0	0	0	380,280	380,280	ı
7 87	0	119,720	0	0	0	0	0	0	260,560	260,560	ı
8 88	0	119,720	0	0	0	0	0	0	140,840	140,840	ı
9 89	0	119,720	0	0	0	0	0	0	21,120	21,120	ı
10 90	0	21,120	0	0	0	0	0	0	10,000	0	ı
SUBTOTAL	373,975	500,000	0	_	0						ı
11 91	0	0	0	0	0	0	0	0	10,000	0	ı
12 92	0	0	0	0	0	0	0	0	10,000	0	ı
13 93	0	0	0	0	0	0	0	0	10,000	0	ı
14 94	0	0	0	0	0	0	0	0	10,000	0	ı
15 95	0	0	0	0	0	0	0	0	10,000	0	ı
SUBTOTAL	373,975	500,000	0	_	0						ı
16 96	0	0	0	0	0	0	0	0	10,000	0	ı
17 97	0	0	0	0	0	0	0	0	10,000	0	ı
18 98	0	0	0	0	0	0	0	0	10,000	0	ı
19 99	0	0	0	0	0	0	0	0	10,000	0	ı
20 100	0	0	0	0	0	0	0	0	10,000	0 _	
SUBTOTAL	373,975	500,000	0	-	0						

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

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LTCR ILL 0712



TRANSAMERICA LIFE INSURANCE COMPANY TransACE®

Life Insurance Supplemental Illustration HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

On [John D. Transamerica], [male] age [80], [standard], [smoker]
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Projected LTC Benefit Starting Age: [85]

Desired Daily LTC Benefit: [\$328]

Annualized LTC Rider Charge: [\$12,015.00]

AT THE NON-GUARANTEED INTEREST RATE ([1.00%]) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF	ANNUAL	ANNUALIZEI	D	LOAN SU	MMARY		V	ALUES NET	OF LOAN	REMAINING
POLICY	PREMIUM	LTC	ANNUAL	CUMULATIVE	ANNUAL	MULTIFLEX	CASH	ACCUM	DEATH	LTC
YR AGE	OUTLAY	BENEFIT	WITHDRAWAL	LOAN	INTEREST	VALUE	VALUE	VALUE	BENEFIT	BENEFIT
21 101	0	0	0	0	0	0	(0	10,000	0 7
22 102	0	0	0	0	0	0	(0	10,000	0
23 103	0	0	0	0	0	0	(0	10,000	0
24 104	0	0	0	0	0	0	(0	10,000	0
25 105	0	0	0	0	0	0	(0	10,000	0
SUBTOTAL	373,975	500,000	0	-	0					
26 106	0	0	0	0	0	0	(0	10,000	0
27 107	0	0	0	0	0	0	(0	10,000	0
28 108	0	0	0	0	0	0	(0	10,000	0
29 109	0	0	0	0	0	0	(0	10,000	0
30 110	0	0	0	0	0	0	(0	10,000	0
SUBTOTAL	373,975	500,000	0	-	0					
31 111	0	0	0	0	0	0	(0	10,000	0
32 112	0	0	0	0	0	0	(0	10,000	0
33 113	0	0	0	0	0	0	(0	10,000	0
34 114	0	0	0	0	0	0	(0	10,000	0
35 115	0	0	0	0	0	0	(0	10,000	0
SUBTOTAL	373,975	500,000	0	-	0					
36 116	0	0	0	0	0	0	(0	10,000	0
37 117	0	0	0	0	0	0	(0	10,000	0
38 118	0	0	0	0	0	0	(0	10,000	0
39 119	0	0	0	0	0	0	(0	10,000	0
40 120	0	0	0	0	0	0	(0	10,000	0
SUBTOTAL	373,975	500,000	0	-	0					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0712



TRANSAMERICA LIFE INSURANCE COMPANY TransACE®

Life Insurance Supplemental Illustration HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

On [John D. Transamerica], [male] age [80], [standard], [smoker]
Face Amount = [\$500,000], 1st Year Premium Outlay = [\$74,795], paid [annually]

Long Term Care Rider Specified Amount: [\$500,000] Long Term Care Rider Class of Risk: [Standard Smoker] HIPAA Per Diem Estimated Growth Rate: [4.00%]

Projected LTC Benefit Starting Age: [85]

Desired Daily LTC Benefit: [\$328]

Annualized LTC Rider Charge: [\$12,015.00]

AT THE NON-GUARANTEED INTEREST RATE ([1.00%]) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF	ANNUAL	ANNUALIZED)	LOAN SUI	MMARY			VALUES NET	OF LOAN	REMAINING
POLICY	PREMIUM	LTC	ANNUAL	CUMULATIVE	ANNUAL	MULTIFLEX	CASH	ACCUM	DEATH	LTC
YR AGE	OUTLAY	BENEFIT	WITHDRAWAL	LOAN	INTEREST	VALUE	VALUE	VALUE	BENEFIT	BENEFIT
T 41 121	0	0	0	0	0	0		0 0	10,000	
SUBTOTAL	373,975	500,000	0	_	0					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

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LTCR ILL 0712

State: Arkansas Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Long Term Care Rider for TransACE

Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0712

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	LTCR ILL 0712 ARK COVER LETTER AND STATEMENT OF	Approved	07/24/2012
	VARIABILITY		
Comments:			
Attachment(s):			
LTCR ILL 0712 AR LT	C LETTER.pdf		
LTCR III 0712 STATE	MENT OF VARIABILITY pdf		



July 24, 2012

Jay Bradford, Commissioner Arkansas Insurance Department 1200 West 3rd Street Little Rock, AR 72201-1904 Transamerica Life Insurance Company 4333 Edgewood Road NE Cedar Rapids, Iowa 52499

Administrative Office P.O. Box 5068 Clearwater, FL 33758 (727) 557-2012 jayne.flood@transamerica.com

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC #86231, FEIN # 39-0989781 Long Term Care Rider Advertising

Form No. LTCR ILL 0712 – Life Insurance Supplemental Illustration for Long Term Care Rider, Illustrating Non-Guaranteed Values

To Whom It May Concern:

Enclosed for review and approval is the above referenced long term care rider advertising form intended to be used with Policy Form 1-126 05-107, approved on January 10, 2012 (SERFF Tracking #AEGB-127866968); and Rider Form LTCR 02, approved May 22, 2012 (SERFF Tracking #AEGB-128311144). This form will not replace any supplemental illustration form previously approved by the State.

This supplemental illustration is intended for use with individuals who are interested in purchasing a Long Term Care Rider with their life insurance policy. The supplemental illustration must be accompanied by a basic policy illustration which details Transamerica's guarantees and required product disclosure.

Bracketed information is intended to be variable. Please see the attached Statement of Variability on the Supporting Documentation tab.

We trust that this filing will meet with your approval. If you should have any questions regarding this submission, please feel free to call me at (727) 557-2012, or contact me at my email address above. Thank you in advance for your consideration.

Sincerely,

Jayne Flood Assistant Vice President Advertising Compliance



Transamerica Life Insurance Company Home Office: Cedar Rapids, Iowa Administrative Office: P.O. Box 5068 Clearwater, FL 33758

Statement of Variability For Illustration Form LTCR ILL 0712 Invitation to Contract

Transamerica Life Insurance Company is certifying to the following:

- 1. The final form issued to the consumer will not contain brackets denoting variable text.
- 2. Any variable text included in this Statement of Variability will be effective only for future issues.
- 3. Only text included in this Statement will be allowed to be used on the referenced Form received by consumers.
- 4. Any changes to variable text or permissible ranges of values will be submitted for approval prior to implementation if required by the Interstate Insurance Product Regulation Commission.

VARIABLE DESCRIPTIONS:

EVERY PAGE - FOOTER:

TP: Target premium amount **Presented by**: Producer's name **On**: Date of quote (month/day/year)

State: State of issue

Version: software version number

EVERY PAGE - TOP OF PAGE:

For: The client's first and last name, sex, age, and rate classification and smoker status (Preferred Nonsmoker, Standard Non-smoker, Preferred Smoker, Standard Smoker, Select, substandard Table Ratings A – D)

Face Amount: \$25,000 - \$1,000,000

1st Year Premium Outlay: The first year premium outlay for the life insurance policy in dollars.

Paid: The premium mode (monthly, quarterly, semi-annually)

Long Term Care Rider Specified Amount: \$25,000 - \$1,000,000

Long Term Care Rider Risk Class: Preferred Non-smoker, Standard Non-smoker, Standard Smoker,

substandard Table Ratings A - D

HIPAA Per Diem Estimated Growth Rate: 0% - 10%



Transamerica Life Insurance Company Home Office: Cedar Rapids, Iowa Administrative Office: P.O. Box 5068 Clearwater, FL 33758

Projected LTC Benefit Starting Age: 23 - 110

Desired Daily LTC Benefit: \$17 - \$657

TOP OF PAGE ONE ONLY

Long Term Care Rider Initial Underwriting Requirements:

Medical Information Bureau (MIB)
LTC Phone Interview (PIL)
LTC Phone Interview with Cognitive Screen (PIC)
Prescription History (Rx)
Face to Face Assessment (F2F)
Medical Records

TOP OF PAGES 2-5

Annualized LTC Rider Charge: \$95.75 - \$35,500

ILLUSTRATION COLUMNS:

End of Policy Year: The numerical policy year.

Age: 18-80

Non Guaranteed Interest Rate: The current interest rate declared by the company.

Premium Outlay: The expected premium outlay in dollars.

Annualized LTC Benefit: The annualized desired daily LTC benefit in dollars (daily benefit times 365

days).

Annual Withdrawal: Any base policy partial surrenders taken by the policy holder in dollars.

Cumulative Loan: Any loan amounts taken by the policy holder in dollars.

Annual Interest: The annual interest for the loan in dollars, either paid in cash or accrued interest that is added to loan amount.

MultiFlex Value: The base policy's multiflex value decreased by any paid LTC benefit.

Cash Value: The cash value of the life insurance policy in dollars, net of any loans. **Accumulated Value**: The accumulation value of the life insurance policy in dollars.

Death Benefit: \$25,000 - \$1,000,000

Remaining LTC Benefit: \$0 - \$1,000,000